

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/523179

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
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18		1		1		
19		1		1		
20	1		1			
21		1		1		
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35		1		1		
36		1		1		
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41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50	1		1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		2		1		
53	1		<del>1</del>	<del>1</del>		
54		1	<del>1</del>	<del>1</del>		
55		1	<del>1</del>	<del>1</del>		
56		1	<del>1</del>	<del>1</del>		
57		1	<del>1</del>	<del>1</del>		
58		1	<del>1</del>	<del>1</del>		
59	1		<del>1</del>	<del>1</del>		
60			<del>1</del>	<del>1</del>		
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97						
98						
99						
100						
TOTAL IND.	7	↓	4	↓		↓
TOTAL DEP.	58	←	53	←		←
TOTAL CLAIMS	65		57			